SERFF Tracking Number: OCCD-125950714 State: Arkansas
Filing Company: Acceptance Casualty Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 08-583

TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage

Product Name: Commercial Auto/ Garage Program

Project Name/Number: /

Filing at a Glance

Company: Acceptance Casualty Insurance Company

Product Name: Commercial Auto/ Garage SERFF Tr Num: OCCD-125950714 State: Arkansas

Program

TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 20.0002 Garage Co Tr Num: 08-583 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: Latesha Debnam Disposition Date: 12/19/2008

Date Submitted: 12/18/2008 Disposition Status: Approved

Deemer Date:

Effective Date Requested (New): 02/01/2009 Effective Date (New): 02/01/2009

03/01/2009

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized

Project Number: Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 12/19/2008 State Status Changed: 12/19/2008

Corresponding Filing Tracking Number:

Filing Description:

At this time we wish to file form CO 00 68 09 08

Company and Contact

Filing Contact Information

Company Tracking Number: 08-583

TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage

Product Name: Commercial Auto/ Garage Program

Project Name/Number:

Latesha Debnam, State Filing Analyst Idebnam@ofc-wic.com
702 Oberlin Road (919) 833-1600 [Phone]
Raleigh, NC 27605 (919) 833-8535[FAX]

Filing Company Information

Acceptance Casualty Insurance Company CoCode: 10349 State of Domicile: Nebraska 702 Oberlin Road Group Code: 225 Company Type: Property and

Casualty

Raleigh, NC 27605 Group Name: IAT Group State ID Number: 03

(919) 833-1600 ext. 8164[Phone] FEIN Number: 47-0792732

SERFF Tracking Number: OCCD-125950714 State: Arkansas
Filing Company: Acceptance Casualty Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 08-583

TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage

Product Name: Commercial Auto/ Garage Program

Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Acceptance Casualty Insurance Company \$50.00 12/18/2008 24623433

Company Tracking Number: 08-583

TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage

Product Name: Commercial Auto/ Garage Program

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/19/2008	12/19/2008

Company Tracking Number: 08-583

TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage

Product Name: Commercial Auto/ Garage Program

Project Name/Number: /

Disposition

Disposition Date: 12/19/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: OCCD-125950714 State: Arkansas
Filing Company: Acceptance Casualty Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 08-583

TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage

Product Name: Commercial Auto/ Garage Program

Project Name/Number: /

Item TypeItem NameItem StatusPublic AccessSupporting DocumentUniform Transmittal Document-Property & Approved
CasualtyYes

Supporting DocumentCover LetterApprovedYesFormMonthly Payment AgreementApprovedYes

Company Tracking Number: 08-583

TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage

Product Name: Commercial Auto/ Garage Program

Project Name/Number: /

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	Monthly Paymen	t CO 00 68	09 08	Policy/CoveNew		9.70	CO 00 68 09
	Agreement			rage Form			08 (3).pdf

MONTHLY PAYMENT AGREEMENT

Nan	ned Insu	ıred:
T I		

		able to the Company inmolerate for the Company inmolerate formolerate for	onthly payments. No finance charge
% down payment is	due at inception.		
			nt shown below. The Company may he Named Insured fails to make any
PAYMENT DUE DATE:	The day of total of monthly p		day each month thereafter for a
	Premium	☐ Taxes ☐ Fees	Total
ESTIMATED ANNUAL PREMIUM	\$	\$	\$
AMOUNT DUE AT INCEPTION	\$	\$	\$
MONTHLY PAYMENT	\$	\$	\$
	cy involving additional or emainder of the months		ed in an amended Monthly Payment
		s in the policy involving addition	onal or return premiums will not be full at the time of change.

CO 00 68 09 08 Page 1 of 1

Company Tracking Number: 08-583

TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage

Product Name: Commercial Auto/ Garage Program

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: 08-583

TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage

Product Name: Commercial Auto/ Garage Program

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 12/19/2008

Property & Casualty

Comments:

Attachment:

AR P&C Transmittal.pdf

Review Status:

Satisfied -Name: Cover Letter Approved 12/19/2008

Comments: Attachment:

AR CO 00 68 09 08.pdf

Property & Casualty Transmittal Document

1.	Reserved for Insurance	2. I	[nsur	ance Departm	ent	Use only				
	Dept. Use Only	a. I	Date 1	the filing is rece	e filing is received:					
			Analy							
				isposition:						
				te of disposition of the filing:						
		e. I	Effect	ve date of filing:						
			Ne	w Business						
			Renewal Business							
		f. S	State	Filing #:						
		g. S	SERF	F Filing #:						
		h. S	Subje	ct Codes						
3.	Group Name								Group NAIC #	
	IAT Group								0225	
4.	Company Name(s)			Domicile	NA	AIC#	FEIN #	<i>‡</i>	State #	
	Acceptance Casualty Insurance	Company		North Carolina	103	349	47-0792	2732		
ļ										
ŀ										
5.	Company Tracking Number		08-5							
	tact Info of Filer(s) or Corpora		r(s)	[include toll-free			,,			
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	tact Info of Filer(s) or Corpora Name and address Latesha Debnam 702 Oberlin Road	Title	r(s)	include toll-free	‡s	FAX		ldebn		
	tact Info of Filer(s) or Corpora Name and address Latesha Debnam	Title State Fili	r(s)	Telephone #	‡s	FAX		ldebn		
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	tact Info of Filer(s) or Corpora Name and address Latesha Debnam 702 Oberlin Road Raleigh, NC 27605	Title State Fili	r(s)	Telephone #	‡s	FAX		ldebn		
6.	tact Info of Filer(s) or Corpora Name and address Latesha Debnam 702 Oberlin Road Raleigh, NC 27605 Signature of authorized filer	Title State Fili Technicia	r(s)	Telephone #	#s	FAX		ldebn		
7. 8.	tact Info of Filer(s) or Corpora Name and address Latesha Debnam 702 Oberlin Road Raleigh, NC 27605 Signature of authorized filer Please print name of authorize	Title State Fili Technicia	r(s)	Telephone # 800-525-7486 ext. 3311	#s 6	FAX (919) 833-		ldebn		
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Property & Casualty Transmittal Document---

15.	Reference Filing?	Yes No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	12/17/2008
19.	Status of filing in domicile	☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved
20.	This filing transmittal is part of Company	Tracking # 08-583
20.	This filing transmittal is part of Company	Tracking # 08-583
20.		Tracking # 08-583 eu of a cover letter or filing memorandum and is free-form text]
21.		8
21.	Filing Description [This area can be used in li	8

22.		Fees (Filer must provide check # and fee amount if applicable) ate requires you to show how you calculated your filing fees, place that calculation below]
Ch	eck #:	N/A
An	nount:	N/A
Dofe	r to on	ch state's checklist for additional state specific requirements or instructions on calculating
fees		ch state's checklist for additional state specific requirements of histructions on calculating

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Acceptance Casualty Insurance Company

702 OBERLIN ROAD, BOX 10800, RALEIGH, NORTH CAROLINA 27605 (919) 833-1600 1-800-7486 (National) 1-800-342-0753 (In N.C.)

December 8, 2008

Honorable Julie Benafield Bowman Commissioner of Insurance Arkansas Insurance Department 1200 West Third Street Little Rock, Arkansas 72201-1904

RE: Acceptance Casualty Insurance Company

FEIN# 47-0792732 NAIC # 10349

Commercial Automobile

Filing # 08-575

Dear Commissioner Bowman,

Acceptance Casualty Insurance Company, a member of IAT Group, is a subscriber of the Insurance Services Office (ISO) and has authorized them to file rules and forms on our behalf, for Commercial Automobile coverage, to the extent permitted by law. At this time we wish to file the following form for our Commercial Automobile Program:

CO 00 68 09 08 Monthly Payment Agreement

Attached is a copy of the form we are adopting for your review. We wish this form to be effective for new business on February 1, 2009 and March 1, 2009 for renewal business.

If you have any questions, please feel free to contact me at (800) 525-7486 ext. 3311 or by e-mail at ldebnam@ofc-wic.com.

Kind Regards,

Latesha Debnam Regulatory Compliance State Filing Technician